

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. _____
Registered No. 93

1. PLACE OF BIRTH

County Gila State _____
District or Township _____ or Village _____
City Hayden No. _____ St. _____ Ward _____

2. Full name of child

Amelia Mendoza
3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 6. Legitimate? Yes 7. Date of birth Dec 14 1929
Month Day Year

8. FATHER Full name Louis Gonzaga Mendoza 14. MOTHER Full maiden name Erinda Chauve

9. Residence (Usual place of abode) Hayden 15. Residence (Usual place of abode) Hayden
If non-resident, give place and state. If non-resident, give place and state.

10. Color or race Mexican 16. Color or race Mex 17. Age at last birthday 27 (Years)

12. Birthplace (city or place) Colongvale 18. Birthplace (city or place) La Dura
(State or country) Don Mex. (State or country) Honora Mex

13. Occupation Store Keeper 19. Occupation House Wife
Nature of industry Nature of industry

20. Number of children of this mother. _____ (a) Born alive and now living 4
(Taken as of time of birth of child herein certified and including this child.) (b) Born alive but now dead 0
(c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at 10:05 A.M. on the date above stated

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Charles B. Hurst

Given name added from a supplemental report _____
Month, day, year _____

(Physician or midwife)
Address Hayden Ariz

Filed Dec 18 1929 W. J. D. Cook
Registrar Registrar

111-1214-000